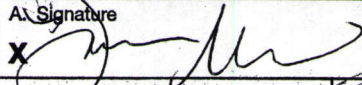


| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Danna Miller</p> <p>C. Date of Delivery SEP 26 2005 USPS</p> | |
| <p>1. Article Addressed to:</p> <p>MARK MILLER EXPECTATIONS 11949 HIDDEN CYN LN SANDY UT 84092-7198</p> | | <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | |
| <p>JB DOGM S/035/024 8/31/05</p> | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>7002 0510 0003 8603 3257</p> | | | |
| <p>PS Form 3811, February 2004</p> | | <p>Domestic Return Receipt 102595-02-M-1540</p> | |

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--|--|
| <p>JB DOGM S/035/024 8/31/05</p> | |
| <p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p> | <p>Final Assessment MC-2005-03-03-01</p> <p>Postmark Here</p> |
| <p>Sent To MARK MILLER - EXPECTATIONS</p> <p>Street, Apt. No., or PO Box No. 11949 HIDDEN CANYON LN</p> <p>City, State, ZIP+4 SANDY UT 84092-7198</p> | |
| <p>PS Form 3800, January 2001 See Reverse for Instructions</p> | |

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